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COUNTY OF
EAST LoTHIAN



REPORT
OF THE HEALTH
DEPARTMENT

For the Year 1953

HADDINGTON:
Printed by D. & J. Croal, Ltd.,
18 and 19 Market Street.

1954



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County Council of East Lothian

ANNUAL REPORT

ON THE

HEALTH AND SANITARY CONDITION

OF THE

C O U N T Y

AND IN THE BURGHS OF

COCKENZIE, DUNBAR, EAST LINTON, HADDINGTON,
NORTH BERWICK, PRESTONPANS, AND TRANENT

DURING THE YEAR

1 9 5 3

BY

H. D. WILSON

M.B., Ch.B., D.P.H., D.I.H.
County Medical Officer.

AND

JOHN C. REID

County Sanitary Inspector

**To the Department of Health for Scotland, The County Council of
East Lothian, the Town Councils of Cockenzie, Dunbar,
East Linton, Haddington, North Berwick, Prestonpans and
Tranent.**

MY LORD, LADIES AND GENTLEMEN,

I have the honour to submit my Annual Report on the health and sanitary condition of the County of East Lothian and the Burghs therein for the year ended 31st December 1953. The form of the report is in accordance with Circular No. 83/1953, issued by the Department of Health for Scotland.

At the close of my first year as County Medical Officer, I should like to express my thanks to the members of the County and Town Councils and in particular to the members of the Health Committee for their help and encouragement and also their patience and forbearance during a year in which many changes have been made. I should also like to express my appreciation of the loyal support which all members of the staff of my Department have given me throughout the year.

To Dr McAdam, Medical Superintendent, East Lothian Hospitals Group and Dr Murray, Consultant Tuberculosis Physician, East Lothian and Borders, I would express my thanks for their friendly help and advice which have done much to remove many of the difficulties encountered during the year. Lastly, but by no means least, I am indebted to the County's General Practitioners without whose co-operation and assistance no Health Department can function properly.

The population estimated to the middle of 1953 was 52,171.

The County death rate corrected is 10.4 per 1000 of the estimated population, the same as last year. The death rate for Scotland was 11.5 in 1953 as against 12.4 in 1952.

The County Infantile Mortality rate was 31 as compared with 38 in 1952.

The County Birth rate was 17.0 as compared with 17.3 in 1952.

I have the honour to be,

MY LORD, LADIES AND GENTLEMEN,

Your obedient Servant,

H. D. WILSON,

County Medical Officer.

April, 1954.

COUNTY OF EAST LOTHIAN

REPORT

BY THE

County Medical Officer of Health

FOR THE YEAR 1953.

(A) Local Health Authority Functions.**Administration.****STAFF.**

County Medical Officer.

John Milne, M.A., M.B., Ch.B., D.P.H., appointed Medical Officer of Health 2/10/52. Retired 14/2/53.

H. D. Wilson, M.B., Ch.B., D.P.H., D.I.H., appointed 2/2/53.

Assistant Medical Officer.

Margaret H. G. Anderson, M.B., Ch.B., D.P.H., L.M.

Chief Dental Officer.

R. M. Cameron, L.D.S.

Assistant Dental Officer.

Mrs W. Golabek, L.D.S.

County Sanitary Inspector

John C. Reid.

Senior Assistant County Sanitary Inspector.

James S. Gibson.

Junior Assistant County Sanitary Inspector.

A. L. Morton.

Milk Officer.

Miss Margaret Tait, N.D.D., S.D.D.H.

Nursing Superintendent.

Miss Macrae.

Health Visitors.

Eastern Rural Area—Marion Duncan.

Western Rural Area—Catherine Grant.

Haddington Area—Mary Crawford (resigned 15/3/53).

Haddington Area—Audrey Makin (appointed 27/7/53).

Prestonpans Area—Mary Wardrope.

Tranent Area—Mrs M. Marshall.

Cockenzie Area—Margaret Thomson (resigned 31/7/53).

Cockenzie Area—Isabella King.

North Berwick Area—Annabella MacLeod.

Dunbar Area—Marion Eathorne.

Tuberculosis Health Visitor—Catherine Hutchison.

Physiotherapists:— Mrs Mason and Alex. Allan.

District Nurse/Midwives.

- | | |
|---|--|
| { | Dunbar—Nurses Wright and Dunsire. |
| { | East Linton—Nurse Stein (transferred to Cockenzie
15/11/53). |
| { | Haddington—Nurse Stark. |
| { | Gifford—Nurse McBain. |
| { | North Berwick—Nurse Wilson. |
| { | Aberlady—Nurse Duncan. |
| { | Gullane—Nurse Sowler. |
| { | Pencaitland—Nurse Elliot. |
| { | Ormiston—Nurse McIntyre. |
| { | Tranent—Nurse McIntosh.
Nurse McGregor.
Nurse McNeill (part-time). |
| { | Prestonpans—Nurse Bird.
Nurse Dickson.
Nurse Amos. |
| { | Longniddry, Cockenzie and Port Seton — Nurse Hunter
(resigned 11/9/53).
Relief Nurse—Nurse McLean. |

1. Care of Expectant and Nursing Mothers and Children under school age.

(a) *Expectant and Nursing Mothers.* The Authority does not provide ante-natal or post-natal clinics. These clinics are held in the Vert Memorial Hospital, Haddington, under the Regional Hospital Board. Ante-natal and post-natal care is carried out where necessary in the patients' own homes by the Doctor and District Nurse who are to supervise the confinement. Two District Nurses in the Prestonpans area alternately attend the weekly ante-natal clinics held by one of the General Practitioners in his surgery. Special examinations, blood testing arrangements etc., are carried out at the Vert Memorial Hospital, Haddington. Assistance is given to unmarried mothers when requested by the General Practitioner or by the Hospital Board. Instruction in mothercraft is given by the Health Visitors to the Senior girls in the Secondary Schools in the County and this arrangement has proved highly satisfactory.

Maternity outfits including sterile pads and cotton wool are available on application to the Lady Superintendent of nurses. The number of outfits issued during the year was 80.

(b) *Child Welfare.*

CLINICS.

There are clinics established at Cockenzie, Dunbar, Elphinstone, Haddington, North Berwick, Ormiston, Prestonpans and Tranent.

All the clinics are attended by the County Medical Officer or the Assistant Medical Officer. The local Health Visitor is in attendance on the doctor at each clinic session.

HOURS OF CLINICS

- (1) *Cockenzie*—The Clinic is open once a week for 3 hours on Monday afternoons.
- (2) *Dunbar*—The Clinic is open once a week for 3 hours on Tuesday afternoons.
- (3) *Elphinstone*—The Clinic is open every two weeks for 2 hours on Wednesday forenoons.
- (4) *Haddington*—The Clinic is open once a week for 3 hours on Monday afternoons.
- (5) *North Berwick*—The Clinic is open every 2 weeks for 2 hours on Monday forenoons.
- (6) *Ormiston*—The Clinic is open every two weeks for 2 hours on Tuesday afternoons.
- (7) *Prestonpans* — The Clinic is open once a week for 3 hours on Wednesday afternoons.
- (8) *Tranent*—The Clinic is open once a week for 3 hours on Thursday afternoons.

In addition to the facilities provided at the above clinics, the infants and young children who attend them are referred where necessary to one of the County Council's Specialist Clinics. These are attended by Regional Hospital Board Consultants as follows:—

Orthopaedic Clinics—Mr W. V. Anderson.

Ear, Nose and Throat Clinics—Dr P. V. Wadsworth.

Ophthalmic Clinics—Dr C. R. D. Leeds.

School children also attend these clinics and although the Orthopaedic Clinics are attended by almost equal numbers of school and pre-school children, the Ear, Nose and Throat and Ophthalmic Clinics are attended mainly by school children.

The facilities which are provided are fully utilised by mothers and young children, large numbers attending the clinics regularly. Where the doctor in charge of the clinic or a General Practitioner thinks it advisable that a child be seen by a Consultant, the necessary arrangements are made to refer the child to one of the Specialist Clinics described above, or if the condition is one which cannot conveniently be treated at these clinics, arrangements are made to have the child seen at the appropriate Hospital Clinic. In this connection, close co-operation is maintained between the General Practitioners and the Local Authority Medical Officers with regard to sending children for specialist examination. Permission of the General Practitioner to send the child for specialist examination is always asked for before-hand by the Local Authority Medical Officers.

Two fully qualified Physiotherapists are employed by the County Council. They work under the direction of Mr W. V. Anderson and in close co-operation with him and their work has been invaluable in the treatment and follow-up of orthopaedic conditions among infants and pre-school children.

(c) Care of premature Infants.

The equipment available for the care of premature infants born at home was increased during the year and it now includes a Lawson Tait Cot and an oxygen apparatus. The Lady Nursing Superintendent is in charge of the equipment and issues it when required to the District Nurse concerned.

The District Nurse pays close attention to the care of premature infants in the home and makes frequent visits to ensure that satisfactory progress is being made. Maternity Hospitals inform the Health Department of the discharge of premature infants and any special features concerning them. The Health Visitor is then instructed accordingly and advises the mother

regarding the care of the infant, providing any necessary equipment for the infant's well-being.

(d) Supply of Welfare Foods etc.

These are distributed mainly by voluntary workers at Child Welfare Clinics and other centres throughout the County. Much of the success of the scheme of distribution is due to the help and enthusiasm of these voluntary workers and the mothers and young children of this County are very much in their debt.

Welfare foods are taken by the Health Visitors to Mothers in outlying districts.

Malt, iron tonics etc., are issued by the Local Authority free of charge to young children when required.

(e) Dental Care.

The Chief Dental Officer has given the following report on the arrangements for dental care of mothers and young children :—

“Arrangements for the dental care of expectant and nursing mothers and young children are carried out by the Local Authority Dental Officers. Expectant and nursing mothers are notified by the District Nurses and Health Visitors of the facilities available, though the majority of these cases have their own private dentist whom they consult. The District Nurses and Health Visitors notify the Dental Officers of any Pre-School Children requiring dental attention and these cases are dealt with immediately by the Dental Officers as emergency cases. School children are inspected in their schools by the Dental Officers and those requiring treatment are invited to attend for treatment which is carried out in school, or, in the case of the larger schools, at a school clinic.”

Statistical details of dental work carried out during the year will be found in Table XIX.

Although, as the Chief Dental Officer states, the District Nurses and Health Visitors inform expectant and nursing mothers and mothers of young children of the dental facilities provided by the Local Authority, it will be noted that, as in previous years, the demand has been relatively light. Most women have a private dentist before becoming mothers and they continue to consult him during and after their pregnancies.

In November, the County Council ordered a Mobile Dental Clinic at a cost of £1,700 and while this is intended primarily for dental treatment of school children in country schools, it is felt that some mothers and young children will take advantage

of the facilities thus made available in these areas. The Clinic is expected to be in operation in April, 1954.

2. Domestic Midwifery.

There are no midwives who practise regularly outside the Local Authority service. Private midwives from outside the County are occasionally engaged to act as maternity nurses at individual confinements, but this is an infrequent occurrence. Notification as required by the appropriate Acts is always observed in these cases.

The midwives with one exception, are trained in the administration of analgesics, and gas and air analgesia was given in 9 cases during the year. Ante-natal care is undertaken in co-operation with the Medical Practitioner who is to attend the confinement and two midwives attend a weekly ante-natal clinic in the surgery of one of the General Practitioners in Prestonpans. Co-operation with the General Practitioners in the maternity service is very close.

Where it appears on social grounds that a woman should be confined in hospital and not at home, the matter is discussed by the Medical Practitioner and midwife concerned. The necessary arrangements are then made by the Practitioner to have the woman confined in hospital. If there are children in the expectant mother's household and no arrangements can be made for their care by relatives while the woman is in hospital, the necessary arrangements are made in co-operation with the Children's Officer.

3. Health Visiting.

Until February there were 10 whole-time Health Visitors. The Haddington Health Visitor then resigned to take up a post elsewhere and in accordance with the County Council's policy to effect economies wherever possible, it was agreed not to replace her. The Health Visitors' areas were then reorganised and one Health Visitor was made responsible for tuberculosis Health Visiting throughout the County. These arrangements have proved satisfactory in practice and the appointment of one Health Visitor to do all the tuberculosis work has resulted in a most satisfactory liaison through her between hospital treatment and home supervision after a patient's discharge. This Health Visitor is also responsible for investigation and follow-up of contacts. This unified responsibility is a great improvement on the past when responsibility divided amongst all the Health Visitors made close liaison with East Fortune Hospital difficult.

The duties of the other Health Visitors include the care and home supervision of mothers, babies and young children. They

also visit the schools to carry out cleanliness inspections and treatment of minor ailments and to assist at school medical inspection. They attend various clinics in their areas viz.: Child Welfare, Orthopaedic, Ophthalmic, Ear, Nose and Throat.

Every opportunity is given to Health Visitors to attend the frequent meetings which Edinburgh Corporation Health Department holds for Health Visitors. A number of Health Visitors also attended the Annual Conference of their Association and one Health Visitor from East Lothian was nominated by the Association to attend the Congress of the Royal Sanitary Institute.

Only a small proportion of the Health Visitors' time is taken up with care and attention to the aged. Her advice is frequently sought regarding the welfare of old people but most of the actual treatment is carried out by District Nurses as described in the next section.

4. Home Nursing.

There are 15 District Nurses and 1 part-time relief nurse. One of these nurses is, however, engaged entirely in domiciliary midwifery. Ten of the nurses have District Nurses' training.

They work in close and entirely satisfactory co-operation with the General Practitioners and with the hospitals in the area. In addition to their maternity cases the District Nurses also undertake the care of acute and chronic cases of illness where the General Practitioner agrees that the cases should be nursed at home, under the day to day supervision of the District Nurse. An increasing proportion of their time is taken up by the care of old people and this is also carried out under the supervision of the General Practitioner. Details of the number of cases attended are given in Tables XXI, XXIII and XXV.

As stated in the preceeding paragraph, much of the District Nurses' time is taken up by attention to the old, the aged and infirm. Many of these cases are, strictly speaking, hospital cases, but either they are unwilling to leave their homes or no hospital accommodation is available for them. It is understood that discussions on this problem are at present going on between Hospital Authorities and Local Authorities and it is felt that the former should bear at least some of the responsibility for these old people in their homes.

While the old people undoubtedly welcome the District Nurse, one wonders to what extent many of them could be cared for by someone having some experience of bed bathing, preven-

tion of bed-sores etc., without being a fully trained Queen's Nurse. The domestic helps could not be expected to perform these services, since they are in the homes purely for domestic work.

Such an arrangement would release District Nurses for tasks which demand a full measure of their skill and experience, and is I think worth considering.

First-aid treatment and consultations on minor ailments are frequently carried out by the District Nurses, particularly in the rural area. This part of the service could be extended still further if suitable premises were provided.

5. Domestic Help.

Application for the service of domestic helps is made through the Area Clerk of the district concerned, and application to be included on the roll of domestic helps is also made through him. The Area Clerk and the local Sub-Committee arrange payment and assess the ability of the applicant to make a contribution towards the cost of domestic help. In May, the County Council agreed that a minimum charge of 3d per hour should be made to each household receiving the services of a domestic help. Old Age Pensioners and others whose income is small can recover this cost from the National Assistance Board. Under this arrangement, it was felt that the cost of the domestic help service to the County Council would be reduced but that no undue hardship would fall on those unable to pay this minimum charge. Reports so far received indicate that the scheme has worked satisfactorily.

The County Nursing Superintendent visits the homes of people who have applied for domestic help and makes revisits while they are in receipt of these services. Any observations she may have to make are reported to the appropriate Divisional Health Sub-Committee. As regards the suitability of applicants for domestic help posts, the Area Clerks and appropriate Sub-Committees usually have sufficient local knowledge to judge each case on its merits.

Special consideration is always given to cases when application for domestic help is made on the grounds of old age and infirmity and the financial arrangements for such cases have already been described.

Statistical details of the Domestic Help Scheme will be found in Table XXIV.

At the end of the year, the appointment of a resident home help was under consideration.

6. Vaccination and Immunisation.

Vaccination against smallpox is carried out by General Practitioners and not by the staff of the Health Department. Although the number of infants vaccinated compares favourably with figures from other Counties, it is still not as high as one would wish. The abolition of compulsory vaccination was, in my opinion, a mistake and many mothers nowadays, neglect to have their children vaccinated not on account of hostility towards vaccination, but because of apathy and indifference engendered by the relative freedom from smallpox which this country has enjoyed for many years. It is frequently forgotten that this freedom was based on two things—the high level of vaccination amongst the population owing to compulsory vaccination and the long distance between this country and the endemic zones of smallpox. The effect of these two factors is being rapidly lost — the former high level of vaccination is no longer being maintained and the speed of air travel makes it possible to arrive in this country from a smallpox zone well within the incubation period of the disease.

Some members of the public say that they and their children will be vaccinated should the need arise. This is a grave mistake. In the event of an outbreak of smallpox they may be contacts of an undiagnosed case before they can be vaccinated and vaccination for the first time in adolescent or adult life may give a vigorous local reaction and is not without some degree of risk.

It is felt that these facts are not widely known and that they should be brought before the public in an effort to emphasise the need for vaccination of all infants and others not previously vaccinated. In my opinion the smallpox threat is a very real one and it will become greater as increasing numbers of our population remain unvaccinated.

Of the 858 children born in 1952 who are known to reside in the County, only 536 (62.5%) have been notified as having been vaccinated. While these figures may be higher than those of some other authorities, they can give no grounds for the complacency which is all too prevalent now-a-days. "It is indeed astonishing that, so soon after the Glasgow smallpox episode of 1950, the proportion of infants vaccinated should be less than 30%, or that in a nearby Burgh, where there were queues everywhere for emergency vaccination in 1950, approximately 50% of children eventually go to school un-vaccinated and un-immunised." (Report of Department of Health for Scotland 1953).

It is suggested that the time has come to take drastic action to increase the numbers of infants and others receiving primary vaccination. Few adults in this country have ever seen a case

of smallpox and it would be a tragedy if this country had to learn once again through bitter experience the value of vaccination.

A high percentage of young children continue to be immunised against diphtheria and details will be found in Table XX. A number of mothers who fail to have their children immunised do so through sheer indifference and not because of any objection to immunisation. This "hard core" has, however, been progressively reduced and for this, credit is due in no small measure to Dr Anderson and the Health Visitors for their untiring efforts in this direction.

In June, 1953, the County Council's scheme of immunisation was amended to include immunisation against whooping cough and combined diphtheria-pertussis prophylactic is now universally used by members of the Local Authority staff, unless there are reasons against it, or unless a parent wishes a child to be immunised against only one disease, which is a very rare occurrence. Almost all general practitioners use the combined vaccine.

Great interest has been shown by parents in the combined vaccine and many parents of children already immunised against diphtheria have brought them back for immunising against whooping cough. It is felt that this interest could be enlarged to include vaccination against smallpox if the potential dangers already described could be brought home to parents with sufficient force.

7. Prevention of Illness, Care and After-Care.

Tuberculosis.

Co-ordination of tuberculosis arrangements is maintained by liaison with Dr W. A. Murray, Consultant Tuberculosis Physician, East Lothian and Borders. Dr Murray and all members of the East Fortune Hospital staff have always been ready to assist the Health Department in matters relating to tuberculosis and the value of this friendly co-operation cannot be overestimated.

As previously stated, arrangements were made in April to give one Health Visitor sole responsibility for tuberculosis health visiting. This arrangement has not only improved the standard of tuberculosis health visiting, it has also simplified that essential contact and co-operation between Hospital and Local Authority. Much of the Health Visitor's time is taken up in supervision and follow-up of contacts and of cases awaiting admission to hospital or following their discharge. The County is fortunate in that waiting lists for admission are very small (on many

occasions there is no waiting list at all) and waiting time is very short.

Prevention of tuberculosis is stressed in many of the health education lectures which are given by members of the Health Department Staff and the impression is given that many members of the public are keenly interested in diagnostic and preventive measures.

As regards re-housing of tuberculous families, both County and Town Councils are always willing to give sympathetic consideration to these cases. The County Council also gives financial assistance to cases sent to such places as Papworth, Preston Hall etc.

Shelters owned by the County Council have been in use at East Fortune, Whitekirk, Gifford, Longniddry and Tranent, throughout the year for the outdoor treatment of patients awaiting admission to hospital or following their discharge.

In December, the County Council's scheme of vaccination and immunisation was amended to allow the vaccination with B.C.G. of children about to leave school, where this was considered necessary following preliminary tuberculin testing. This will begin in April, 1954, and it is anticipated that at the same time, arrangements will be made to x-ray children who do not require B.C.G. Teachers and other school employees (janitors, dining attendants and cleaners) will also be invited to be x-rayed, in particular those teachers and others who are in contact with children who are to receive B.C.G. Teachers and others who are not in contact with these children and who, because of the remoteness of their schools, find difficulty in attending a static x-ray centre will be invited to undergo examination when the Mobile Mass Miniature X-ray Unit visits the County in 1954.

The County Council also agreed to extend to all applicants for employment in schools the existing provisions which apply to teachers regarding the production of a certificate of x-ray examination before being accepted for employment.

Initiation of a scheme of this kind has entailed a great deal of preparation and in this connection it is a pleasure to record indebtedness to Dr Murray, and to Dr McAdam, Medical Superintendent, East Lothian Hospitals Group, for their friendly assistance and willing co-operation in this field.

B.C.G. vaccination of contacts is carried out by East Fortune Hospital staff in co-operation with the Health Department which is responsible for the preliminary arrangements and tuberculin testing. This has been found in practice to be the most satis-

factory arrangement and it is not proposed to change it at present.

Other Conditions.

Apart from tuberculosis, prevention of illness, care and after-care are carried out principally by the Health Visitors and District Nurses. To be successful this requires close co-operation with Hospitals and General Practitioners, and during the year this was found to be satisfactory. The system recently introduced by Edinburgh Maternity Hospitals of notifying to the Health Department particulars of all mothers and babies discharged from hospital has proved of great value to the Health Visitors, especially where there are points requiring special attention. Information is also received from Edinburgh Hospitals and local Hospitals regarding school children who are treated in hospital and this has proved particularly valuable in such conditions as deafness, visual disturbances etc., which may have a direct bearing on the child's school work.

It is suggested that specialists in charge of all hospital cases might consider on the patient's discharge whether the Local Authority Health Department can assist in the after-care of the case, and if so, the Department should be notified accordingly. This could not be done without the consent of the patient's General Practitioner and it may be argued that he is in a position to decide whether the Health Department can assist or not on the patient's return home, since he will be more intimately acquainted with local conditions and facilities than the hospital specialist. The suggestion, however, may be worth considering in some cases in addition to those already mentioned.

The care and after-care of old people in their homes is undertaken as previously described and at the end of the year, the Lothians and Peebles Joint Advisory Committee for Health Services, had the welfare of the old people under active consideration.

The Local Authority does not provide a chiropody service and so far as is known, none is provided by any voluntary organisation in the County.

8. Control of Infectious Disease.

Details of cases of infectious disease will be found in Table LX. In comparing these figures with the figures for 1952, the following points deserve attention.

(a) The number of notified cases of dysentery has increased considerably. This is probably due to a more intensive examination of household contacts, which has resulted in the discovery

of a number of unsuspected cases, and to the increasing frequency with which general practitioners send for laboratory examination the stools of patients suffering from diarrhoea. It is felt, however, that the increase in the number of cases is relative and that there has been no real increase of significance.

(b) The number of cases of poliomyelitis is one less than in the previous year. One of these cases is believed to have contracted the disease in Edinburgh, but no source of infection could be traced in the other three cases.

(c) The number of cases of scarlet fever has increased by 47 and this increase has taken place largely in the 5-15 age group. In this group of school children, the opportunities for class-room spread are considerable, although immediate examination is made of any class which has more than two or three cases of the disease. It is felt too that the mothers of many contacts do not impose a sufficiently high standard of quarantine on their children who are excluded from school when a case of scarlet fever occurs in the house. Advice regarding contacts is always given by the general practitioner and by a member of the Health Department staff, but it is not always followed.

(d) The number of cases of whooping cough has fallen considerably, and this may be due in part to an increasing use of whooping cough vaccine. Most general practitioners agree that cases are now much milder than before, and this is due in many cases to the use of the vaccine, which does not always prevent an attack but will certainly modify it and obviate the risk of complications during or following the illness.

One case of typhoid was reported, but this is not included in the return of infectious disease, as the diagnosis was made in the Edinburgh hospital to which the patient was removed. The necessary contact examinations were made and were found to be negative. The patient was a food handler and so were two of his household contacts and this position gave rise to some concern, but no further cases were reported.

Laboratory examinations are carried out at the Bacteriological Laboratory of the University of Edinburgh. Details of specimens examined are given in Table XI.

Treatment and isolation of cases of infectious disease is carried out at the City Hospital, Edinburgh. Tuberculosis cases are treated and isolated at East Fortune Hospital.

9. Mental Health Service.

(i) Administration.

(a) The proposals approved under Section 27 and Section 51

of the National Health Service (Scotland) Act, 1947, have been duly implemented and details are as follows:—

The day to day administration of the Mental Health Service is the responsibility of the divisional health sub-committees in accordance with the East Lothian Revised Health Administration Scheme made and adopted by the County Council, on 10th May, 1948, and approved by the Secretary of State, on 18th May, 1948.

(b) The Medical Officers in the Mental Health Service are the County Medical Officer and his Assistant. There are no Psychiatric Social Workers or other Mental Health workers. The Duly Authorised Officers are as detailed at the end of this Sub-Section, and in the Occupation Centre provided by the County Council, the staff consists of one Lady Superintendent.

List of Authorised Officers.

Dunbar—Mr R. R. Jarvie, District Office, Dunbar. Tel. No. Dunbar 2238.

Haddington—Miss E. S. Crowe, County Buildings, Haddington. Tel. No. Haddington 3245.

North Berwick — Miss I. D. Blakemore, District Office, North Berwick. Tel. No. North Berwick 319.

Prestonpans—Mr A. D. Low, District Office, Prestonpans. Tel. No. Prestonpans 265.

Tranent—Mr A. J. Fotheringham, District Office, Tranent. Tel. No. Tranent 209.

(c) Arrangements are made with the Regional Hospital Board for the employment of the Board's Specialist in Mental Health when this is required. The County Council has agreed to give such assistance as may be necessary to the Regional Board in any service which the Board may require in connection with Mental Deficiency. Arrangements have also been made with the Executive Council for General Practitioners to be available for the certification of Mental Defectives.

The demands on this service have been relatively small throughout the County.

(ii) *Work Undertaken in the Community.*

This is carried out by the Duly Authorised Officers detailed above in co-operation with the Local General Practitioners, the whole service being under the overall supervision of the County Medical Officer. When a mental defective is ascertained by the General Practitioner, he reports the facts to the Local Authority's Officer and the necessary arrangements are made to have the

mental defective placed under guardianship or admitted to a Mental Hospital.

Particulars of mentally handicapped persons dealt with in the different areas during the year are as follows:—

Tranent Division—Three patients, all females, were admitted to the Mental Hospital. One of these was allowed home on probation, and one had to be re-certified and re-admitted to hospital. The mental defective referred to in last year's report has now been admitted to an institution.

Dunbar Division—One female patient was admitted to the Mental Hospital and five patients—(2 male and 3 female) were discharged.

There is one boarded out mental patient and 2 boarded out mental defectives under guardianship and supervision.

Haddington Division—Seven patients (2 males and 5 females) were admitted to the Mental Hospital. There are three boarded out mental defectives under guardianship and supervision.

North Berwick Division—Seven patients (1 male and 6 females) were admitted to the Mental Hospital. There are no boarded out mental defectives.

Prestonpans Division—Nine patients (3 males and 6 females) were admitted to the Mental Hospital.

One patient died and 2 patients were discharged as recovered from the Mental Hospital to the care of relatives under the supervision of the Duly Authorised Officer. There are two boarded out mental defectives under guardianship and supervision.

In each case of admission to the Mental Hospital, after the patient has been examined and certified by two Medical Practitioners, the petition to the Sheriff is completed by the Duly Authorised Officer and the patient removed to the hospital in the care of the Authorised Officer and one other person.

10. Work under Nurseries and Child Minders Regulation Act.

There are two Day Nurseries owned by the County Council in Prestonpans and Tranent and statistical details will be found in Table XIX. It will be seen that the number of places available in both Nurseries has been reduced during the year. This decision was made on account of the reduced numbers of children attending both Nurseries. The appropriate staff reductions were also made. There are no other Nurseries in the County and no applications were received during the year for registration as Child Minders under the above Act.

(B) School Health Service.

This is dealt with in a separate report.

(C) Port Health Administration.

There are no Ports in the County to which Port Health legislation applies.

(D) Food Supply.

(1) *Milk*.—Details of administration of legislation governing milk will be found in the Sanitary Inspector's Report. The number of milk samples examined during the year will be found in Table XI. Work under the Scottish Milk Testing Scheme was carried out during the year in accordance with D.H.S. Memo. 9/46 as amended, and the results of the tests were generally satisfactory. There were no outbreaks of disease associated with milk during the year.

Progress during the year under the Milk (Special Designations) (Scotland) Order 1951 has continued and its provisions are being observed. There was a change of ownership in a farm the outgoing owner of which held a licence to produce certified milk. After the necessary investigations had been made, the new owner was issued with a certified licence. One licence was issued to a dairy to bottle T.T. milk and 4 licences to produce T.T. milk were issued.

(2) *Ice Cream*.—Administration of the Ice Cream Regulations during the year was satisfactory and no employee was found to be suffering from any of the diseases mentioned in the Ice Cream Regulations. Details of bacteriological examinations of ice cream samples are given in Table XI. There were no outbreaks of infectious disease associated with ice cream during the year.

(3) *Meat and other foods*.—Details of the administration of relevant legislation will be found in the Sanitary Inspector's Report. There were no unusual instances of adulteration of foodstuffs during the year.

(4) *Food Hygiene*.—(i) Details of inspection of food premises will be found in the Sanitary Inspector's Report. This inspection has continued throughout the year and every effort is made to secure a high standard of hygiene in food premises.

When the new Food and Drugs (Scotland) Bill becomes law, it is hoped that a higher standard of food hygiene than has hitherto been possible will be achieved. Initially, shortage of inspecting staff may prevent complete observance of all the provisions of the Bill, but it is hoped that eventually the high

standard which the Bill envisages will be reached in all food premises.

(ii) Most food premises are located within the Burghs and details of methods aimed at securing a higher standard of hygiene in these premises will be found in reports of the various Burgh Sanitary Inspectors. Food premises in the landward area of the County are inspected by the County Sanitary Inspector and details will be found in his Report.

One firm which controls a large number of food premises made special arrangements to send all its employees from food premises to a lecture demonstration on food handling. This was very much appreciated by the employees, some of whom afterwards confessed that their shortcomings in food handling techniques were due to ignorance rather than neglect. It is felt that further lecture demonstrations of this kind should be arranged in co-operation, if necessary, with local trade associations.

(5) *Food Poisoning*.—There were no outbreaks of food poisoning during the year.

(6) *Nutrition*. — The nutrition of school children in the County has continued to be satisfactory during the year. Details of heights, weights, etc., will be found in the Annual Report on School Medical Inspection, but it is fair to say that the standard of physical well-being of the children has been maintained.

The importance of adequate nutrition is stressed by Health Visitors and District Nurses in their home visits. It is also emphasised at many of the more formal lectures given by members of the staff of the Health Department. The initiation of the B.C.G. scheme has provided a useful opportunity to underline the importance of an adequate and balanced diet in the prevention of tuberculosis.

(E) Miscellaneous.

(1) *National Assistance Act, 1948*.—Accommodation is provided as required by Section 21, in Prestonkirk Home and Cheylesmore Lodge. In the former no charge is made while in the latter the amount payable is based on a means test. In addition there are beds available for patients from East Lothian in Wedderburn House, Inveresk. Minor ailments are attended to in these Homes by the visiting Medical Officer and details of the medical supervision carried out in Prestonkirk Home will be found in Dr Hislop's Report as follows:—

PRESTONKIRK HOME.

A. SICK WARDS.

Only patients suffering from minor ailments, medical and surgical, are kept in the sick wards of this Home.

Accommodation.

	Males.	Females.	Children.	Maternity.
Minor Ailments	7	7	—	—

There are no special wards for sick children. No maternity cases are treated in this Home. Any pregnant woman, awaiting admission to hospital, receives ante-natal treatment here. When the sick rate is normal, the accommodation for the sick, male and female, is adequate.

B. STAFF.

1. *Resident Medical Staff.*

None.

2. *Nurses.*

There is only one nurse, who is the Matron, Mrs Maclean. She has the State Registration qualifications in general and mental nursing. She also holds the Central Midwives Board Certificate. I would take this opportunity of expressing my appreciation of her most valued work.

C. PATIENTS.

During the year there were admitted into the Home, a total of 21 persons, 10 males, 9 females and 2 children. These of course were not all sick. Three deaths occurred during the year.

D. SPECIAL TREATMENT.

Arrangements for supervision of appropriate cases by Specialist in:—

(a) *Tuberculosis.*—These are sent to East Fortune Hospital.

(b) *Mental Health.*—Cases becoming mentally deranged are sent to the Mental Hospital, Haddington.

* * *

Cheylesmore Lodge was opened in July 1952, and during the year under review, it has continued to be satisfactory.

Wedderburn House is owned jointly by Midlothian and East Lothian County Councils, but as it is situated in Midlothian, details of its working will be found in Midlothian reports.

Welfare Services.—The County Council is at present considering details of a scheme for the welfare of disabled persons, but final arrangements have not yet been made.

Registration and Inspection of Homes of disabled and other persons.—The only Home of this type in the County is “The Poplars” at Aberlady. It is understood that conditions during the year were satisfactory.

Removals.—Two persons were removed to Prestonkirk Home during the year as being in need of care and attention under Section 47 of the Act.

Care of Property.—The property of persons removed under the Act is stored in the County Council’s store until the owners of the property have occasion to use it again, or, in the event of their death, until it is claimed by relatives.

Burials. — There was one burial under the Act during the year.

(2) *Nursing Homes Registration (Scotland) Act.*—There is only one Registered Nursing Home in the County and it continued to be satisfactory during the year.

(3) *Health Education.* — Lectures on a variety of health topics were given by various members of the staff of the Health Department to various organisations e.g. W.R.I., Church organisations, Woman’s Guilds etc. These lectures have been very much appreciated and it is felt that some good has been done thereby.

A lecture tour under the auspices of the Scottish Council for Health Education was organised in April. The lecturer visited 11 schools in Haddington and Tranent areas and gave an evening lecture in Ormiston.

In many of these lectures the importance of accidents in the home has been stressed and the attention of the audience has been drawn to the serious and often fatal nature of these accidents. Attention has also been drawn to the dangers to young children in the home and where possible the lessons to be learned from the facts presented by formal lecture have been re-emphasised at informal discussions and by the Health Visitors in the course of their duties.

(F) General Sanitation.

Water Supplq. — Co-operation with Mr Robson, Water Superintendent, East Lothian Water Board has continued throughout the year in an effort to maintain the purity of the water supply. Samples of water for Chemical and Bacteriological examinations were taken at various points in the County during the year. The samples from the main sources of supply were satisfactory, but several samples taken from the smaller sources

of supply and distribution were unsatisfactory. It is understood that consumers who receive their supplies from these small sources are to receive them from larger sources as soon as circumstances permit. This is a most desirable step. Small sources of supply are seldom satisfactory—they are easily contaminated, many of them are unfiltered and it is difficult to control them and to ensure the satisfactory standard of chemical and bacteriological purity which is demanded to-day.

Sewage Disposal. — Most of the sewage in the County is discharged untreated into the sea where circumstances permit. In many places, however, sewage is discharged untreated into streams and rivers, this applying particularly to the River Tyne. There has been no change in the circumstances mentioned in last year's report but at the end of the year, detailed plans were under consideration which it is hoped will result in some measure of improvement.

Owing to the growth of Macmerry Village, the existing sewage treatment facilities have become inadequate. It is proposed to begin a scheme for improvement of these facilities in 1954.

Rivers Pollution.—The Tweed River Purification Board and the Lothians River Purification Board were set up during the year and the administrative schemes of both boards have now been approved by the Secretary of State for Scotland. The County Council is not represented on the former as only a small stretch of the Tweed flows through East Lothian.

The Lothians River Purification Board is now engaged in collecting information with a view to assessing the size and nature of the problem with which it has to deal.

Offensive Trades.—There are only a small number of offensive trades carried on within the County and no action worthy of report in respect of these trades was necessary during the year.

There are no other sanitary matters calling for special comment.

STATISTICAL APPENDIX

VITAL STATISTICS

Table I.

COUNTY AND BURGHAL POPULATION 1953

County Landward	26,581
Burgh of Cockenzie	3,313
do. Dunbar	4,098
do. East Linton	989
do. Haddington	4,587
do. North Berwick	3,874
do. Prestonpans	3,053
do. Tranent	5,676
Civil County Total	<u>52,171</u>

CIVIL COUNTY.—The population of the Civil County of East Lothian estimated to the middle of the year 1953 was 52,171, yielding an increase of 382 from the estimated population to the middle of 1952.

Table II.

Births.

Area.	Births, Total.			Births Illegitimate.	
	Number.			Number.	Percentage of Total Births.
	TL.	M.	F.		
County Landward, ...	444	217	227	17	3.8
Burgh of Cockenzie, ...	59	33	26	1	1.7
„ Dunbar, ...	71	36	35	2	2.8
„ East Linton, ...	22	8	14	—	—
„ Haddington, ...	71	46	25	4	5.6
„ North Berwick, ...	53	24	29	—	—
„ Prestonpans, ...	63	34	29	3	4.7
„ Tranent,	102	51	51	4	3.8
Civil County Total, ...	885	449	436	31	3.5

CIVIL COUNTY.—The total births—885—show a decrease of 12, compared with the equivalent figure for 1952.

The illegitimate births—31—show a decrease of 6 from the comparative figure for 1952.

The birth rate is 17.0 per 1000 of the estimated population, as against 17.3 in 1952.

The illegitimate birth-rate is 3.5 per 100 total births, as against 4.1 in 1952.

The birth rate for Scotland was 17.8 per 1000 for 1953 as against 17.7 in 1952.

The illegitimate birth-rate for Scotland for 1953 was 4.7 per 100 live births, as against 4.8 in 1952.

LANDWARD AREA.—The births in this area—444—show a decrease of 15 compared with the equivalent figure in 1952.

Table III.**Marriages.**

Area		No. of Registered Marriages.
County Landward	...	113
Burgh of Cockenzie	...	17
do. Dunbar	...	34
do. East Linton	...	1
do. Haddington	...	37
do. North Berwick	...	19
do. Prestonpans	...	63
do. Tranent	...	62
Civil County Total		<u>346</u>

CIVIL COUNTY.—The number of marriages registered in the Civil County during 1953 was 346, which gives a rate of 6.6 per 1000 of the estimated population.

LANDWARD AREA. — In the landward area of the County 113 marriages were registered.

BURGHs.—In the Burghs, there were 233 marriages recorded during 1953.

The marriage rate for Scotland was 8.0 per 1000 of estimated population.

Deaths.

CIVIL COUNTY.—The number of deaths in the Civil County corrected for transfers was 541. Of this number, 284 were males and 257 were females.

The death-rate, corrected for transfers, for the Civil County in 1953, was 10.4 per 1000 of estimated population, the same as in 1952.

LANDWARD AREA. — The number of deaths, corrected for transfers, allocated to the landward area of the County in 1953 was 291.

BURGHs. — The number of deaths in the burghs, corrected for transfers in 1953 was 250.

The death rate for Scotland for 1953, corrected for transfers, was 11.5 per 1000 of estimated population.

Table IV.

CAUSES OF DEATH—CIVIL COUNTY, 1953.

Showing Age Groups at Death, Sex, etc.

CAUSES OF DEATH	All Ages.	Males and Females.	-1	1-	5-	10-	15-	25-	35-	45-	55-	65-	75-	85 up
Tuberculosis of respiratory system	5	M. 4 F. 1	—	—	—	—	—	—	1	1	1 1	—	1	—
Tuberculosis other forms	2	M. 2 F. —	—	—	—	—	—	—	—	1	—	1	—	—
Syphilis	—	M. — F. —	—	—	—	—	—	—	—	—	—	—	—	—
Typhoid fever	1	M. 1 F. —	—	—	—	—	—	—	—	1	—	—	—	—
Dysentery all forms	—	M. — F. —	—	—	—	—	—	—	—	—	—	—	—	—
Scarlet Fever and streptococcal sore throat	—	M. — F. —	—	—	—	—	—	—	—	—	—	—	—	—
Diphtheria	—	M. — F. —	—	—	—	—	—	—	—	—	—	—	—	—
Whooping-cough	—	M. — F. —	—	—	—	—	—	—	—	—	—	—	—	—
Meningococcal infections	1	M. — F. 1	—	—	—	—	—	—	—	—	1	—	—	—
Acute Poliomyelitis	—	M. — F. —	—	—	—	—	—	—	—	—	—	—	—	—
Measles	—	M. — F. —	—	—	—	—	—	—	—	—	—	—	—	—
Other infective and parasitic diseases	1	M. 1 F. —	—	—	—	—	—	—	—	—	—	—	—	1
Malignant neoplasms	99	M. 43 F. 56	—	—	—	—	—	2	3 5	3 6	7 12	11 15	18 14	1 2
Benign and other unspecified neoplasms	—	M. — F. —	—	—	—	—	—	—	—	—	—	—	—	—
Diabetes mellitus	6	M. 4 F. 2	—	—	—	—	—	1	—	—	2 1	—	1 1	—
Anaemias	2	M. — F. 2	—	—	—	—	—	—	—	—	—	—	1	1
Other general diseases	11	M. 7 F. 4	1	—	—	—	—	2	—	2 1	— 2	1	1	—
Vascular lesions affecting central nervous system	80	M. 33 F. 47	—	—	—	—	—	—	—	1 2	4 3	7 15	19 16	2 7
Nonmeningococcal meningitis	—	M. — F. —	—	—	—	—	—	—	—	—	—	—	—	—
Other diseases of nervous system	9	M. 7 F. 2	—	—	—	—	2	—	—	1 1	1 —	1 1	1 —	1
Carry forward	217	217	1	—	—	—	2	5	13	21	35	52	73	15

CAUSES OF DEATH—CIVIL COUNTY, 1953. — *Continued.*

CAUSES OF DEATH	All Ages.	Male and Fe- males.	-1	1-	5-	10-	15-	25-	35-	45-	55-	65-	75-	85- up.
Brought forward	217	217	1	—	—	—	2	5	13	21	35	52	73	15
Rheumatic Fever	—	M. — F. —	—	—	—	—	—	—	—	—	—	—	—	—
Chronic rheumatic heart disease	6	M. 3 F. 3	—	—	—	—	—	1	—	—	2	—	—	—
Arteriosclerotic and degenerative heart disease	163	M. 93 F. 70	—	—	—	—	—	—	2	6	16	28	35	6
			—	—	—	—	—	—	—	3	4	18	29	16
Other diseases of heart . .	9	M. 4 F. 5	—	—	—	—	—	—	—	—	2	—	1	1
			—	—	—	—	—	—	—	—	1	3	1	—
Hypertension with heart disease	6	M. 3 F. 3	—	—	—	—	—	—	—	—	—	1	1	1
			—	—	—	—	—	—	—	—	2	—	1	—
Hypertension without heart disease	14	M. 7 F. 7	—	—	—	—	—	—	—	1	2	—	3	1
			—	—	—	—	—	—	—	1	2	1	3	—
Other circulatory disease	14	M. 6 F. 8	—	—	—	—	—	—	—	—	—	1	5	—
			—	—	—	—	—	—	—	2	1	2	2	1
Influenza	4	M. 3 F. 1	—	—	—	—	—	—	—	—	1	1	1	—
			—	—	—	—	—	—	—	—	—	1	—	—
Pneumonia	15	M. 7 F. 8	1	—	—	—	—	—	—	—	1	2	3	—
			—	—	—	—	—	—	1	1	2	—	3	1
Bronchitis	10	M. 7 F. 3	—	—	—	—	—	—	—	1	4	—	2	—
			—	—	—	—	—	—	1	—	—	1	—	1
Other respiratory diseases	12	M. 11 F. 1	—	1	—	—	—	—	—	1	4	3	2	—
			—	—	—	—	—	—	—	—	—	1	—	—
Ulcer of stomach and duodenum	8	M. 6 F. 2	—	—	—	—	—	1	—	—	1	2	1	—
			—	—	—	—	—	—	—	—	—	2	—	1
Appendicitis	1	M. — F. 1	—	—	—	—	—	—	—	—	—	—	—	—
			—	—	—	—	—	—	—	—	—	—	1	—
Intestinal obstruction and hernia	3	M. 2 F. 1	—	—	—	—	—	—	—	—	—	1	1	—
			—	—	—	—	—	—	—	—	—	—	1	—
Gastritis and duodenitis	—	M. — F. —	—	—	—	—	—	—	—	—	—	—	—	—
			—	—	—	—	—	—	—	—	—	—	—	—
Diarrhoea (except of new born)	4	M. 1 F. 3	—	—	—	—	—	—	—	1	—	—	—	—
			2	1	—	—	—	—	—	—	—	—	—	—
Cirrhosis of liver	1	M. 1 F. —	—	—	—	—	—	—	—	1	—	—	—	—
			—	—	—	—	—	—	—	—	—	—	—	—
Other diseases of liver . .	2	M. — F. 2	—	—	—	—	—	—	—	—	—	—	—	—
			—	—	—	—	—	—	—	1	—	—	1	—
Other digestive diseases	—	M. — F. —	—	—	—	—	—	—	—	—	—	—	—	—
			—	—	—	—	—	—	—	—	—	—	—	—
Nephritis and nephrosis	2	M. 1 F. 1	—	—	—	—	—	—	—	—	—	1	—	—
			—	—	—	—	—	—	—	—	—	1	—	—
Hyperplasia of prostate	4	M. 4	—	—	—	—	—	—	—	—	—	2	2	—
			—	—	—	—	—	—	—	—	—	—	—	—
Carry forward	495	495	4	2	1	—	2	7	17	40	82	125	172	44

CAUSES OF DEATH—CIVIL COUNTY, 1953—Continued.

CAUSES OF DEATH	All Ages.	Males and Fe- males.	-1	1-	5-	10-	15	25-	35-	45-	55-	65-	75-	85 up.
Brought forward	495	495	4	2	—	—	2	7	17	40	82	125	172	44
Other diseases of genito urinary system	1	M. — F. 1	—	—	—	—	—	—	—	—	—	1	—	—
Puerperal sepsis including post abortive sepsis	—	F. —	—	—	—	—	—	—	—	—	—	—	—	—
Other puerperal causes	—	F. —	—	—	—	—	—	—	—	—	—	—	—	—
Diseases of skin and organs of locomotion	2	M. — F. 2	—	—	—	—	—	—	—	1	—	—	1	—
Congenital malformations	9	M. 5 F. 4	5	2	—	—	1	—	—	1	—	—	—	—
Birth injuries, post natal asphyxia and atelectasis	2	M. 1 F. 1	1	1	—	—	—	—	—	—	—	—	—	—
Pneumonia of the new born	2	M. 2 F. —	2	—	—	—	—	—	—	—	—	—	—	—
Diarrhoea of the new born	—	M. — F. —	—	—	—	—	—	—	—	—	—	—	—	—
Other infections of the new born	—	M. — F. —	—	—	—	—	—	—	—	—	—	—	—	—
Other diseases peculiar to early infancy	5	M. 2 F. 3	2	3	—	—	—	—	—	—	—	—	—	—
Senility	1	M. — F. 1	—	—	—	—	—	—	—	—	—	—	1	—
Causes ill-defined and unknown	1	M. — F. 1	—	—	—	—	—	—	—	—	—	—	1	—
Suicide	—	M. — F. —	—	—	—	—	—	—	—	—	—	—	—	—
Motor vehicle accidents	10	M. 5 F. 5	—	—	2	—	1	1	1	—	—	1	1	—
Other road transport accidents	—	M. — F. —	—	—	—	—	—	—	—	—	—	—	—	—
Other violence	13	M. 8 F. 5	2	—	—	—	1	3	—	—	—	2	—	—
			—	—	—	—	—	—	1	1	—	1	2	—
All Causes	541	M. 284 F. 257	14	1	—	—	4	9	7	21	48	66	99	15
			8	1	2	—	1	2	12	22	34	66	80	29
Both sexes	541	541	22	2	2	—	5	11	19	43	82	132	179	44

CAUSES OF DEATH—SHOWING LANDWARD AREA and BURGHAL DISTRIBUTION 1953.

Table V.

CAUSES OF DEATH.	Cockenzie and Port Seton.	Dunbar.	East Linton.	Haddington.	North Berwick.	Prestonpans.	Tranent.	Landward Area.
Tuberculosis of respiratory system	1	—	—	—	—	—	2	2
Tuberculosis other forms	—	—	—	—	—	—	—	2
Syphilis	—	—	—	—	—	—	—	—
Typhoid fever	—	—	—	—	—	—	1	—
Dysentery all forms	—	—	—	—	—	—	—	—
Scarlet Fever and strepto- coccal sore throat	—	—	—	—	—	—	—	—
Diphtheria	—	—	—	—	—	—	—	—
Whooping-cough	—	—	—	—	—	—	—	—
Meningococcal infections	—	—	—	—	—	—	—	1
Acute Poliomyelitis	—	—	—	—	—	—	—	—
Measles	—	—	—	—	—	—	—	—
Other infective and parasitic diseases	—	—	—	—	—	—	—	1
Malignant neoplasms	3	12	3	12	6	6	7	50
Benign and other un- specified neoplasms	—	—	—	—	—	—	—	—
Diabetes mellitus	—	1	—	—	1	—	1	3
Anaemias	—	—	1	—	—	—	—	1
Other general diseases . . .	1	2	3	—	1	—	—	4
Vascular lesions affecting central nervous system	3	8	5	8	10	2	10	34
Nonmeningococcal meningitis	—	—	—	—	—	—	—	—
Other diseases of nervous system	1	1	1	—	—	—	1	5
Rheumatic Fever	—	—	—	—	—	—	—	—
Chronic rheumatic heart disease	—	—	—	1	1	—	1	3
Arteriosclerotic and degenerative heart disease	11	17	8	15	13	6	13	80
Other diseases of heart . . .	2	—	—	—	—	—	6	1
Hypertension with heart disease	—	—	—	1	—	—	4	1
Hypertension without heart disease	1	1	1	—	1	2	3	5
Other circulatory disease	—	1	1	4	2	1	—	5
Influenza	—	—	—	2	—	—	1	1
Pneumonia (except of new born)	1	—	1	4	—	—	2	7
Bronchitis	—	1	1	—	2	—	3	3
Other respiratory diseases	—	—	—	—	1	1	3	7
Ulcer of stomach and duodenum	—	2	—	—	—	1	2	3
Appendicitis	—	1	—	—	—	—	—	—
Intestinal obstruction and hernia	—	—	1	—	1	—	1	—
Carry forward	24	47	26	47	39	19	61	218

CAUSES OF DEATH—SHOWING LANDWARD AREA and BURGHAL DISTRIBUTION 1953—

Continued

CAUSES OF DEATH.	Cockenzie and Port Seton.	Dunbar.	East Linton	Haddington.	North Berwick.	Prestonpans.	Tranent.	Landward Area.
<i>Brought forward,</i>	24	47	26	47	39	19	61	218
Gastritis and duodenitis	—	—	—	—	—	—	—	—
Diarrhoea (except of new born)	—	1	—	—	—	1	—	2
Cirrhosis of liver	—	—	—	—	—	—	—	1
Other diseases of liver ..	—	—	—	—	—	—	—	2
Other digestive diseases	—	—	—	—	—	—	—	—
Nephritis and nephrosis	—	—	—	—	—	—	1	1
Hyperplasia of prostate	1	—	1	2	—	—	—	—
Other diseases of genito urinary system	—	—	—	—	1	—	—	—
Puerperal sepsis including post abortive sepsis ..	—	—	—	—	—	—	—	—
Other puerperal causes ..	—	—	—	—	—	—	—	—
Diseases of skin and organs of locomotion ..	—	—	—	1	—	—	—	1
Congenital malformations	1	—	—	—	1	1	—	6
Birth injuries, post natal asphyxia and atelectasis	1	—	—	—	—	—	—	1
Pneumonia of the new born	—	—	—	—	—	—	—	2
Diarrhoea of the new born	—	—	—	—	—	—	—	—
Other infections of the new born	—	—	—	—	—	—	—	—
Other diseases peculiar to early infancy	—	—	—	—	1	—	2	2
Senility	—	—	—	—	—	—	1	—
Causes ill-defined and unknown	—	—	—	—	—	—	—	1
Suicide	—	—	—	—	—	—	—	—
Motor vehicle accidents ..	—	—	2	—	1	—	2	5
Other road transport accidents	—	—	—	—	—	—	—	—
Other violence	1	—	1	2	1	—	1	7
All Causes	28	48	30	52	44	21	68	250
AGES AT DEATH								
Under 1	2	—	1	1	2	1	2	13
1—4	—	1	—	—	—	—	—	1
5—9	—	—	—	—	—	—	1	1
10—14	—	—	—	—	—	—	—	—
15—24	—	1	—	—	—	—	—	4
25—34	—	—	—	—	—	—	2	9
35—44	1	2	—	—	2	—	2	12
45—54	5	3	4	1	2	1	5	22
55—64	6	8	4	4	8	3	14	35
65—74	4	13	8	14	10	5	19	59
75—84	9	15	12	27	12	10	18	76
85 and over	1	5	1	5	2	1	5	18
All Ages	28	48	30	52	44	21	68	250

Table VI.

This Table shows the populations, births, deaths and relative rates per 1000 of the population for the County landward area during the last ten years.

Year	County Landward Population	County Landward Births	Rate per 1000	County Landward Deaths	Rate per 1000
1944	24,753	494	19.9	259	10.4
1945	24,753	463	18.7	283	11.4
1946	24,753	522	21.8	266	10.7
1947	26,313	622	23.6	391	11.4
1948	26,466	512	19.3	276	10.4
1949	26,823	491	18.3	265	9.8
1950	26,999	487	18.0	255	9.4
1951	27,076	432	15.9	266	9.8
1952	26,426	459	17.0	266	10.0
1953	26,581	444	16.7	250	9.4

Table VII.

This Table shows the populations, births, deaths and relative rates per thousand of the population for each Burgh for the last ten years:—

Name of Burgh.	Years.	Burgh Population.	Burgh Births.	Rate per 1000	Burgh Deaths.	Rate per 1000
Cockenzie and Port Seton	1944	2761	58	20.0	25	9.0
	1945	2761	43	15.5	29	10.5
	1946	2761	62	22.4	32	11.5
	1947	2918	77	26.3	36	12.3
	1948	3048	73	23.9	46	15.0
	1949	3189	56	17.5	30	9.4
	1950	3213	65	20.2	34	10.5
	1951	3193	55	17.2	46	14.4
	1952	3222	55	17.0	36	11.1
	1953	3313	59	17.7	28	8.4
Dunbar	1944	3813	73	19.1	46	12.0
	1945	3813	61	15.9	56	14.8
	1946	3813	81	21.2	53	13.9
	1947	3862	76	19.6	52	13.4
	1948	3888	77	19.8	41	10.5
	1949	3970	79	19.9	63	15.8
	1950	3975	76	19.1	45	11.3
	1951	4129	65	15.7	58	14.0
	1952	4050	66	16.3	36	8.8
	1953	4098	71	17.3	48	11.9
East Linton	1944	890	9	10.1	25	28.8
	1945	890	15	16.8	17	19.1
	1946	890	18	20.2	23	26.8
	1947	925	13	14.0	13	14.0
	1948	904	10	11.0	19	21.0
	1949	925	6	6.4	18	19.4
	1950	924	15	16.2	19	20.5
	1951	995	14	14.1	18	18.1
	1952	973	10	10.3	13	13.2
	1953	989	22	22.2	30	30.3

Name of Burgh.	Years.	Burgh Popula- tion.	Burgh Births.	Rate per 1000.	Burgh Deaths.	Rate per 1000.
Haddington	1944	4616	62	13.4	68	14.7
	1945	4616	56	12.1	52	11.2
	1946	4616	92	19.9	74	16.0
	1947	4595	89	19.3	74	16.1
	1948	4626	84	18.3	72	15.5
	1949	4541	76	16.7	58	12.7
	1950	4523	72	15.9	61	13.4
	1951	4513	83	18.3	65	14.4
	1952	4537	82	18.0	52	11.4
	1953	4587	71	15.5	52	11.1
North Berwick	1944	3083	60	19.4	46	14.8
	1945	3083	76	24.6	42	13.5
	1946	3083	69	22.3	47	15.2
	1947	3389	66	19.4	56	16.5
	1948	3447	62	18.0	56	16.2
	1949	3448	48	13.9	45	13.0
	1950	3436	41	11.9	65	18.9
	1951	4012	53	13.2	50	12.4
	1952	3847	43	11.1	58	15.0
	1953	3874	53	13.7	44	11.3
Prestonpans	1944	2684	70	26.0	31	11.5
	1945	2684	52	19.3	25	9.3
	1946	2684	73	27.1	34	12.6
	1947	2842	68	23.9	34	11.9
	1948	2903	77	26.5	24	8.2
	1949	2918	60	20.5	20	6.8
	1950	2929	58	19.8	27	9.2
	1951	2923	63	21.5	21	7.1
	1952	3016	76	25.2	33	10.8
	1953	3053	63	20.0	21	6.8

Name of Burgh.	Years.	Burgh Popula- tion.	Burgh Births.	Rate per 1000.	Burgh Deaths.	Rate per 1000.
Tranent	1944	5122	111	21.6	48	9.3
	1945	5122	102	19.8	53	10.3
	1946	5122	130	25.3	68	13.2
	1947	5504	124	22.5	58	10.5
	1948	5507	128	23.2	60	10.8
	1949	5614	117	20.8	39	16.9
	1950	5679	139	24.4	55	9.6
	1951	5663	110	19.4	45	7.9
	1952	5718	106	18.5	47	8.2
	1953	5676	102	17.9	68	11.9

Table VIII.

Infantile Mortality, 1953.

CAUSE OF DEATH.	Under 1 Week.		1 Week to under 4 Weeks.		4 Weeks to 3 Months.		3 Months to under 6 Months.		6 Months to under 1 Year.		Males.	Females.	Total.
	M	F	M	F	M	F	M	F					
Prematurity ...	2	3	—	—	—	—	—	—	—	—	2	3	5
Birth Injuries ...	—	—	1	1	—	—	—	—	—	—	1	1	2
Pneumonia ...	2	—	—	—	—	—	—	—	—	—	2	—	2
Other Pulmonary Conditions ..	—	—	—	—	1	—	—	—	—	—	1	—	1
Congenital Defects	—	1	1	—	1	—	3	1	—	—	5	2	7
Miscellaneous ...	—	—	1	—	—	2	2	—	—	—	5	—	5
Total.	4	4	3	1	2	2	5	1	—	—	16	6	22

The number of infant deaths recorded in 1953 was 22, compared with 34 in 1952.

The infant mortality rate is 25 per 1000 births, as against 37.8 in 1952.

It will be observed from the above table that 12, or 54.5 per cent. of the total infant deaths occurred under four weeks, while 8, or 36.3 per cent. died under one week of life.

Comparative figures for the last ten years for the County and for Scotland are as follows:—

Year.	1944.	1945.	1946.	1947.	1948.	1949.	1950.	1951.	1952.	1953.
East Lothian.	50	56	52	36	45	26	25	40	34	22
Scotland.	65	56	54	56	45	41	39	37	35	31

Table IX.

Infectious Disease.

This Table shows the notifications of the cases of notifiable infectious diseases for the Civil County in their relative age groups, and the numbers removed to hospital or nursed at home:—

DISEASE.	At Age—Years.										
	At all ages.	Under 1.	1 and under 5.	5 and under 15.	15 and under 25.	25 and under 35.	35 and under 45.	45 and under 65.	65 and upwards	Cases removed to Hospital.	Cases not removed to Hospital.
	1	2	3	4	5	6	7	8	9	10	11
Cerebro-spinal Fever...	...	1	—	1	—	—	—	—	—	1	—
Chickenpox	—	—	—	—	—	—	—	—	—	—
Cholera	—	—	—	—	—	—	—	—	—	—
Continued Fever	—	—	—	—	—	—	—	—	—	—
Diphtheria	—	—	—	—	—	—	—	—	—	—
Dysentery	35	2	4	19	2	1	3	3	1	34
Encephalitis Lethargica	—	—	—	—	—	—	—	—	—	—
Erysipelas	6	—	—	—	—	2	1	2	1	5
Infective Jaundice	—	—	—	—	—	—	—	—	—	—
Malaria	—	—	—	—	—	—	—	—	—	—
Measles	—	—	—	—	—	—	—	—	—	—
Ophthalmia Neonatorum	—	—	—	—	—	—	—	—	—	—
Plague	—	—	—	—	—	—	—	—	—	—
Acute Influenzal Pneumonia	4	—	—	—	—	—	3	1	1	3
Acute Primary Pneumonia	4	—	—	2	1	—	—	1	—	4
Pneumonia (not otherwise notifiable)	...	—	—	—	—	—	—	—	—	—	—
Acute Poliomyelitis	4	—	1	—	2	—	1	—	4	—
Puerperal Fever	1	—	—	—	1	—	—	—	1	—
Puerperal Pyrexia	—	—	—	—	—	—	—	—	—	—
Scarlet Fever	129	—	43	80	4	2	—	—	126	3
Smallpox	—	—	—	—	—	—	—	—	—	—
Typhoid Fever	—	—	—	—	—	—	—	—	—	—
Para-Typhoid A	—	—	—	—	—	—	—	—	—	—
Para-Typhoid B	—	—	—	—	—	—	—	—	—	—
Typhus Fever	—	—	—	—	—	—	—	—	—	—
Whooping-Cough	194	22	88	75	2	2	1	1	3	194
Total	378	24	137	176	12	7	6	9	7	168

B.—NAMES OF HOSPITALS IN WHICH CASES WERE TREATED:—

City Hospital, Edinburgh.
Royal Infirmary, Edinburgh.

Table X.**Infectious Disease.**

The admissions to hospital during 1953, are as follows ---

Diphtheria	3	(not confirmed)
Acute Influenzal Pneumonia	2	(1)
Acute Anterior Poliomyelitis	9	(5)
Puerperal Fever	1	
Scarlet Fever	131	(5)
Dysentery	37	(3)
Cerebro Spinal Fever	3	(2)
Erysipelas	2	(1)
Measles	89	
Gastro Enteritis	12	(4)
Chickenpox	2	
Mumps	2	
Food Poisoning	1	

[illegible]

Throat, Nose and Ear Swabs examined for diphtheria	—	35
Throat, Nose and Ear Swabs examined for Haem. Strep. and other organism	35	132
Tuberculosis.—Sputum (microscopic method) .. .	18	82
Urine, pus, pleural fluid etc. (microscopic method)	—	6
Sputum and other specimens (cultivation test)	1	40
Sputum and other specimens (animal inoculation)	—	3
Pus—general examination		10
Urine—general examination		37
Sputum—general examination		17
Swabs and smears	1	21
Blood—Cultures, general		3
—Malaria parasites		2
—Widal and B. abortus		24
—Blood clot cultures from Widal specimens		18
—L. Icterohaemorrhagica		5
—L. Canicola	2	3
—Paul Bunnett test	1	7
—Syphilis—Wasserman reaction	4	45
Flocculation tests	3	94
—Gonorrhoea	—	3
Faeces and urine for Dysentery, etc.	22	160
Staphylococcus—coagulation test	10	32
Sensitivity tests for antibiotics		255
Water Specimens (total specimens examined 31)		
—Presumptive coliform test		31
—Bacterial count		31
Milk Specimens—(Total specimens examined 531)		
—Bacterial Count		468
—Coliform test		531
—Phosphatase test		67
—Animal inoculation test for T.B.		4
Milk Bottles—Bacterial Count		8
—Coliform test		8
Ice Cream Specimens (Total specimens examined 4)		
—Bacterial Count		4
—Coliform test		4
Total ..		2190

Table XII.

Tuberculosis.

Area.	PULMONARY.						NON-PULMONARY.					
	Cases Notified.			Deaths.			Cases Notified.			Deaths.		
	M.	F.	Total.	M.	F.	Total.	M.	F.	Total.	M.	F.	Total.
County Landward	9	11	20	1	1	2	2	3	5	2	—	2
Cockenzie	2	1	3	1	—	1	—	—	—	—	—	—
Dunbar	1	3	4	—	—	—	—	—	—	—	—	—
East Linton	—	1	1	—	—	—	1	—	1	—	—	—
Haddington	1	1	2	—	—	—	—	1	1	—	—	—
North Berwick	—	1	1	—	—	—	—	—	—	—	—	—
Prestonpans	3	—	3	—	—	—	—	—	—	—	—	—
Tranent	9	11	20	2	—	2	1	3	4	—	—	—
Burghal Total	16	18	34	3	—	3	2	4	6	—	—	—
Grand Total	25	29	54	4	1	5	4	7	11	2	—	2

From this Table it will be seen that 65 cases of tuberculosis (54 pulmonary and 11 non-pulmonary) were notified in the Civil County during 1953, as against 48 in 1952 (37 pulmonary and 11 non-pulmonary).

In the County Landward area 25 cases were notified (20 pulmonary and 5 non-pulmonary) and in the Burghal areas 40 cases (34 pulmonary and 6 non-pulmonary).

In the Civil County there were 7 deaths from tuberculosis (5 pulmonary and 2 non-pulmonary) giving a death rate per 1000 of estimated population of 0.3 from all forms of tuberculosis and 0.09 from pulmonary tuberculosis. Comparative figures for Scotland were 0.26 and 0.23.

At the end of the year there were no patients from East Lothian on the waiting list for admission to East Fortune Hospital.

Table XIII.

Tuberculosis.

I.—RETURN OF CASES OF TUBERCULOSIS NOTIFIED DURING YEAR.

		No. of Cases Notified as Suffering from T.B.										Cases removed to hospital	Cases notified in a previous year and removed to hospital <i>for the first time during 1952</i>
		Age-Groups											
		Under 1	1 and under 5	5 and under 10.	10 and under 15.	15 and under 25.	25 and under 35.	35 and under 45.	45 and under 65.	65 and upwards.	Total.		
Respiratory	Males	...	...	...	5	4	3	11	2	25	13	1
	Females	...	1	...	2	14	6	3	2	1	29	1	
	Total	...	1	...	2	19	10	6	13	3	54	2	
Non-respiratory	Males	1	...	...	1	1	...	...	...	1	4	...
	Females	...	...	1	1	2	1	1	...	1	7	1
	Total	1	...	1	2	3	1	1	...	2	11	1	
Respiratory and	Males	1	...	...	1	6	4	3	11	3	29	1
Non-respiratory	Females	...	1	1	3	16	7	4	2	2	36	2	
GRAND TOTAL		1	1	1	4	22	11	7	13	5	65	3	

II.—RETURN OF CASES NOTIFIED DURING YEAR IN WHICH DIAGNOSIS
OF TUBERCULOSIS HAS BEEN CONFIRMED.

		Number of Cases Diagnosed as Suffering from Tuberculosis									
		Age-Groups									
		Under 1	1 and under 5	5 and under 10	10 and under 15	15 and under 25	25 and under 35	35 and under 45	45 and under 65	65 and upwards	Total
Respiratory	Males	...	...	...	...	5	4	2	9	2	22
	Females	...	1	...	2	13	6	3	2	1	28
	Total	...	1	...	2	18	10	5	11	3	50
Non-respiratory	Males	1	...	...	1	1	...	...	...	...	3
	Females	...	...	1	1	2	1	1	...	1	7
	Total	1	...	1	2	3	1	1	...	1	10
Respiratory and Non-respiratory	Males	1	...	...	1	6	4	2	9	2	25
	Females	...	1	1	3	15	7	4	2	2	35
Total		1	1	1	4	21	11	6	11	4	60

III.—RETURN SHOWING THE NUMBER OF CASES WITH THEIR HOME RESIDENCE IN THE AREA WHO RECEIVED TREATMENT IN SANATORIA OR OTHER INSTITUTIONS DURING THE YEAR.

		NUMBER OF PATIENTS.						
		In institutions on January 1.	Admitted during the year.	Discharged during the year.	Died in the institutions		In institutions on December 31.	
Respiratory	Adults	Males	29	22	24	1	1	25
		Females	35	26	30	...	...	31
	Children	Males	3	...	2	...	...	1
		Females	2	5	3	...	...	4
Non-Respiratory	Adults	Males	4	2	4	...	...	2
		Females	4	5	6	...	...	3
	Children	Males	3	3	4	...	...	2
		Females	2	2	2	...	...	2
Total		82	65	75	1	1	70	
		147		147				

IV.—RETURN OF NUMBER OF PERSONS RESIDENT IN THE AREA AT
31ST DECEMBER 1953, WHO WERE KNOWN TO BE SUFFERING
FROM TUBERCULOSIS.

			NUMBER OF CASES IN AGE-GROUPS.									
			Under 1	1 and under 5	5 and under 10.	10 and under 15.	15 and under 25.	25 and under 35.	35 and under 45.	45 and under 65.	65 and upwards.	Total.
RESPIRATORY.												
1. Sputum or other material examined and tubercle bacilli found.	Males	...	...	...	...	...	5	7	7	9	2	30
	Females	...	...	1	...	1	10	6	6	3	...	27
2. Sputum or other material examined and tubercle bacilli never found	Males	...	...	1	3	10	44	39	15	25	2	139
	Females	...	...	1	13	4	57	52	13	8	1	149
3. Sputum not present ..	Males	...	...	...	...	...	2	...	3	2	1	8
	Females	...	...	1	...	...	1	2	...	...	...	4
Total .....			...	4	16	15	119	106	44	47	6	357
NON-RESPIRATORY.												
1. Abdominal	Males	...	...	...	...	2	...	...	...	...	...	2
	Females	...	...	...	...	3	...	4	1	...	...	8
2. Spine	Males	...	...	...	...	...	1	4	1	...	...	6
	Females	...	...	...	1	...	2	3	1	...	2	9
3. Bones and joints (exclusive of spine)	Males	...	...	...	1	1	6	3	...	...	...	11
	Females	...	...	...	2	...	3	...	...	1	...	6
4. Superficial glands	Males	...	1	...	2	3	...	...	...	...	...	6
	Females	...	...	...	1	1	2	2	2	1	1	10
5. Lupus	Males	...	...	...	...	1	...	...	...	1	...	2
	Females	...	...	...	...	...	...	...	1	...	...	1
6 Other parts or organs	Males	...	...	...	...	...	3	2	2	2	...	9
	Females	...	...	...	1	...	1	3	...	...	...	5
Total			1	..	8	11	18	21	8	5	3	75
RESPIRATORY AND NON-RESPIRATORY TOTAL			1	4	24	26	137	127	52	52	9	432

V.—RETURN OF NUMBER OF PERSONS WHO DIED FROM TUBERCULOSIS IN THE AREA DURING THE YEAR WITH PARTICULARS AS TO PERIOD ELAPSING BETWEEN NOTIFICATION AND DEATH AND BETWEEN DISCHARGE FROM AN INSTITUTION AND DEATH.

	RESPIRATORY.		NON-RESPIRATORY.	
	Males.	Females.	Males.	Females
Number of persons who died from tuberculosis	4	1	1	...
Of whom—				
Not notified or notified only at or after death ... ..	...	...	...	...
Notified less than 1 month before death	1	...	...	...
Notified from 1 to 3 months before death ... ..	...	...	...	...
Notified from 3 to 6 months before death ... ..	...	...	...	...
Notified from 6 to 12 months before death ... ..	...	...	...	...
Notified from 1 to 2 years before death ... ..	...	...	...	...
Notified over 2 years before death	3	1	1	...
Total .. .	4	1	1	...
Number who died within 28 days after discharge from an institution	1	...	...	...
Number who died more than 28 days after discharge from an institution	1	...	...	...

The incidence rate for all tuberculosis in the Civil County was 1.25 per 1000 of the population. For pulmonary tuberculosis the rate was 1.04 per 1000 and 0.21 for the non-pulmonary form of the disease.

Table XIV.

Tuberculosis.ANNUAL INCIDENCE OF ALL TUBERCULOSIS IN THE COUNTY
AND BURGHs SINCE 1944.

Area	1944	1945	1946	1947	1948	1949	1950	1951	1952	1953
County Landward	20	11	28	26	18	21	19	27	19	25
Burgh of Cockenzie	11	6	4	5	4	13	1	6	1	3
Dunbar	3	2	3	4	1	5	8	—	3	4
East Linton	2	—	1	1	2	1	1	—	1	2
Haddington	3	4	3	3	—	1	2	5	2	3
North Berwick	1	4	2	4	5	3	1	2	4	1
Prestonpans	3	3	4	8	3	2	3	1	7	3
Tranent	6	11	13	13	11	10	11	11	11	24
Burgh Total	29	30	30	38	26	35	27	25	29	40
Grand Total	49	41	58	64	44	56	46	52	48	65

Table XV.

Tuberculosis.*Hospital Treatment—East Fortune Hospital.*

	Males.	Females.	Children.	Total.
Cases in Hospital at 1/1/53 ...	33	39	10	82
Cases admitted during 1953 ...	24	31	10	65
Cases discharged during 1953 ...	30	36	11	77
Cases remaining at 31/12/53 ...	27	34	9	70

Table XVI.

Tuberculosis.*Result of Treatment of Cases Discharged from East Fortune Hospital during 1953.*

	Arrested.	Improved	Worse.	Chronic	Dead.
Males	6	20	1	1	2
Females	11	25	—	—	—
Children	6	5	—	—	—
	23	50	1	1	2

Table XVII.

Tuberculosis.**B.C.G. VACCINATION, 1953**

	Tuberculin tested.		Negative re-actors.		Vaccinated during 1953.	
	M.	F.	M.	F.	M.	F.
(1) Nurses	16	89	—	17	—	16
(2) Medical Students	—	—	—	—	—	—
(3) Contacts	62	54	32	27	24	20
(4) Special Groups not included in (1) to (3) above:—						
(a) School leavers	—	—	—	—	—	—
(b) New born babies	3	1	3	1	3	1
(5) Others	6	13	4	5	3	5

Table XVIII.

Tuberculosis.

MISCELLANEOUS.

DOMICILIARY TREATMENT.

Additional Nourishment Supplied during 1953.

Additional Nourishment was supplied to 166 cases over an average period of three months per case. The nourishment consisted chiefly of milk, at a cost of approximately £770.

Medicines and Dressings Supplied during 1953.

Food, such as malt and cod liver oil, were prescribed to patients in their own homes by their own medical practitioners, in terms of the scheme for domiciliary treatment, as follows:—

		Brought Forward	75
January	26	July	8
February	12	August	8
March	13	September	6
April	9	October	8
May	6	November	9
June	9	December	8
Carry Forward	75		122

Table XIX.

Care of Mothers and Young Children.

(a) *Child Welfare Clinics.*

No. of clinics provided at end of year.	No. of children attending the clinics during year and who on the date of their first attendance this year were:—		Total No. of attendances made during year by children who at the time of attendance were:—	
	Under 1 year of age.	Over 1 year of age.	Under 1 year of age.	Over 1 year of age.
	826	573	7823	2435

(b) *Dental Care.*

	No. inspected by Dental Officers during the year.	No. found to require treatment during the year.	No. accepting treatment during the year.	No. actually treated by Dental Officers during the year.
Expectant Mothers	1	—	—	—
Nursing Mothers	2	—	—	—
Pre-School Children	57	51	51	51

(c) *Day Nurseries as at the end of the year.*

Name and Address of Nursery.	No. of Approved Places.		No. of children on register at end of year.		Average daily attendances during year.		Waiting lists at end of year.	
	0-2	2-5	0-2	2-5	0-2	2-5	0-2	2-5
Day Nursery, Prestonpans	—	40	—	36	—	32	24	16
Day Nursery, Tranent	—	30	—	25	—	24	6	6

Table XX.

Diphtheria Immunisation.

	Year of Birth.				Four Year Aggregate Total.	Percentage of Total.
	1949.	1950.	1951.	1952.		
Total Number of Children ..	799	851	774	859	3283	
(a) IMMUNISED.						
	Yearly Numbers.				Four Year Aggregate Total.	Percentage of Total.
	1949.	1950.	1951.	1952.		
Completed Immunisation	769	780	716	746	3011	91.7%
In process of being Immunised	6	14	10	33	63	1.9%
Total Completed and in Process	775	794	726	779	3074	93.6%
(b) NON-IMMUNISED.						
	1949.	1950.	1951.	1952.	Four Year Aggregate.	Percentage of Total.
"Improbables" {						
Conscientious objection.						
Refusal till						
School Age.	14	26	20	21	81	2.5%
Postponed on						
Medical						
Advice.						
"Possibles" {						
Defaulters.	10	31	28	59	128	3.9%
No known reason.						
Total Not Immunised (all reasons)	24	57	48	80	209	6.4%
(c) ANALYSIS OF THE NON-IMMUNISED.						
Category.	Number.		Percentage of Non-Immunised.		Percentage of Total Children.	
Conscientious objection	55		26.3%		1.7%	
Refusal till of school age	6		2.9%		0.2%	
Postponed on medical advice	20		9.6%		0.6%	
Had 1st injection—Defaulted second	10		4.8%		0.3%	
No known reason	118		56.4%		3.6%	
Total all causes	209		100%		6.4%	
"IMPROBABLES."						
Conscientious objection	55		26.3%			
Refusal till of school age	6		2.9%			
Postponed on medical advice	20		9.6%			
Total	81		38.8%		2.5%	
"POSSIBLES."						
Had 1st injection—Defaulted second	10		4.8%			
No known reason	118		56.4%			
Total	128		61.2%		3.9%	

Table XXI.

Midwifery.

(a) *Total No. of Births for year.*

	Live.	Still.	Total.
No. of births at home	562	12	574
No. of births in hospital	346	—	346
Total births in area before correction for mothers' residence ..	225*	3	228

* Including two sets of twins.

(b) *Classification of births at home.*

	Cases dealt with under Section 23 (2) of the National Health Service (Scotland) Act, 1947.			Other domiciliary cases.		Total.
	Doctor engaged and present at confinement.	Doctor engaged and not present at confinement.	Midwife alone (no doctor engaged).	Doctor and Midwife engaged	Midwife alone (no doctor engaged).	
(a) Midwives employed by the Authority (including those engaged on a fee-per-case basis)	198	19	1	3	—	221
(b) Private practising Midwives	—	—	—	7	—	7
(c) Totals	198	19	1	10	—	228

(c) *Administration of Analgesics.*

- (i) No. of domiciliary midwives in the area qualified to administer gas and air analgesia in accordance with the requirements of the Central Midwives' Board for Scotland 14
- (ii) No. of cases in which gas and air was administered by midwives in domiciliary practice during the year:—
- (a) When doctor was not present at delivery 4
- (b) When doctor was present at delivery 5
- (iii) No. of cases in which pethidine was administered by midwives in domiciliary practice during the year:—
- (a) When doctor was not present at delivery —
- (b) When doctor was present at delivery 112

Table XXII.

Health Visiting.

No. of Visits paid by Health Visitors during the year.

Expectant Mothers.		Children under 1 year of age.		Children between the ages of 1 and 5.		Tuberculosis cases.		Other Cases.		Total Visits Paid.
No. Visited.	Total Visits.	No. Visited.	Total Visits.	No. Visited.	Total Visits.	No. Visited.	Total Visits.	No. Visited.	Total Visits.	
479	1420	1351	9818	3494	13653	261	1140	53	119	26150

Table XXIII.

Home Nursing.

No. of Cases attended by Home Nurses.		No. of Visits paid by Nurses to these Cases.	
2150	(667*)	37806	(17298*)
* Elderly patients (65 and over).			

Table XXIV.

Domestic Help.

(i) No. of Domestic Helps employed at end of year—	
(a) Whole-time	—
(b) Part-time	89
(c) Retaining fee basis	—
(ii) No. of cases for which Helps were provided during year	178
(iii) No. of cases in (ii) provided on account of confinement:—	
(a) At home	11
(b) In hospital	3
(iv) No. of cases in (ii) provided on account of chronic sick including aged and infirm (if available)	114

Table XXV.

Nursing Services—Summary Table.

Number of Cases undertaken by the District Nurses during the year, 1953.

	Maternity Cases.	Maternity Visits.	General Cases.	General Visits.	Ante-natal Visits.	Casual Visits.
Dunbar (A)						
Nurse Wright	8	131	157	1476	86	6
Dunbar (B)						
Nurse Dunsire	20	344	309	2802	164	—
East Linton*						
Nurse Stein	4	90	61	1172	49	—
Gullane						
Nurse Sowler	10	197	119	2355	102	81
North Berwick						
Nurse Wilson	7	111	160	3120	84	—
Aberlady						
Nurse Duncan	3	73	33	1205	21	8
Prestonpans (A)						
Nurse Dickson	—	—	157	3349	—	1
Prestonpans (B)						
Nurse Amos	—	—	212	3721	—	5
Prestonpans (C)						
Nurse Bird	82	1740	8	274	425	—
Port Seton, Cockenzie**						
and Longniddry	16	394	212	3533	162	—
Haddington						
Nurse Stark	8	132	74	1811	67	—
Gifford						
Nurse McBain	8	146	115	1897	34	31
Pencaitland						
Nurse Elliot	4	106	104	2423	38	86
Ormiston						
Nurse McIntyre	17	292	88	1567	97	13
Tranent (A)						
Nurse McIntosh	—	—	251	4023	—	—
Tranent (B)						
Nurse McGregor	9	187	83	3070	172	—
Tranent (C)						
Nurse McNeil	19	349	1	8	183	—

* To beginning of October.

** Nurse Hunter and Nurse Stein.

Table XXVI.**Venereal Diseases.**

This Table shows the number of Patients resident in East Lothian treated at Treatment Centres, during 1953:—

	<i>Males.</i>	<i>Females.</i>	<i>Total.</i>
New Cases	40	35	75
Syphilis	1	3	4
Gonorrhoea	4	3	7
Chancroid	—	—	—
Non-specified disease	23	13	36
Nil	12	16	28

	<i>Males.</i>	<i>Females.</i>
Approximate number still attending at 31/12/53	19	14
Admissions to hospital	18	9
Days in hospital	173	177
Attendances	306	401

Table XXVII.**Orthopaedic Treatment.**

No. of admissions to Princess Margaret Rose Hospital	26
No. cured	5
No. improved and receiving after-care treatment	14
No. remaining in hospital	5
Left County... ..	2
	<hr/> 26

AFTER-CARE.

No. of attendances at clinics for physiotherapy	9358
No. of home visits for physiotherapy	1020
	<hr/>
Total	10,378

To the Department of Health for Scotland and the
County Council of the County of East Lothian.

—————:O:—————

MY LORD, LADIES AND GENTLEMEN,

I have the honour to submit the following Report
upon the sanitary condition of the County of East Lothian for
the year ending 31st December, 1953.

I am,

MY LORD, LADIES AND GENTLEMEN,

Your obedient Servant,

J. C. REID,
County Sanitary Inspector.

Haddington, May 1954.

EAST LoTHIAN COUNTY COUNCIL.

: O :

R E P O R T

BY THE

COUNTY SANITARY INSPECTOR

FOR THE YEAR

1953

: O :

GENERAL SANITATION.

Water Supplies.—The East Lothian Water Board supplies were satisfactory.

Drainage.—There are twenty Special Drainage Districts, viz.—Aberlady, Athelstaneford, Cuthill, Dirleton, East Saltoun, Elphinstone, Garvald, Gifford, Gladsmuir, Gullane, Innerwick, Macmerry, Meadowmill, Muirpark Terrace (Tranent), Oldhamstocks, Ormiston, Pencaitland, Preston, Tynninghame and Westbarns.

Sewer extensions were laid in several districts to meet housing developments.

The new outfall sewers from Gullane were satisfactorily completed.

Preparations for the joint scheme of improvement of the drainage from Macmerry and Longniddry are well advanced and it is expected the work will be carried out this year.

Scavenging.—The County Special Scavenging District embraces the following villages etc:— Aberlady, Athelstaneford, Crown Square, Cuthill, Dirleton, Dirleton East, East Saltoun, Elphinstone, Garvald, Gifford, Gladsmuir, Gullane, Innerwick, Longniddry, Macmerry, Meadowmill, Muirpark Terrace, Ormiston, Pencaitland, Preston, Stenton and Thorntree Terrace.

Collection of refuse is made by the County Council's four motor dustcarts.

By arrangement refuse is collected from properties outwith the Special District including the County Council rural houses.

The refuse tooms are (1) on the foreshore between Prestongrange Colliery and Prestonpans (used jointly with the Burghs of Cockenzie and Port Seton, Prestonpans and Tranent), (2) Old Quarry near Longniddry, (3) Old Quarry at Spilmersford, (4) Old Quarry on the bents at Gullane, (5) Craig's Quarry near

Dirleton, (6) Sand pit near Athelstaneford and (7) at Old Limekiln near East Linton.

From Westbarns Special Scavenging District refuse collection and disposal continues to be carried out by the Burgh of Dunbar.

Offensive Trades.—No offensive trades are carried on in the landward area.

Schools. — The sanitary condition of schools visited was found satisfactory.

Factories and Workshops. — The factories and workshops visited were found generally satisfactory. Defects to which attention was drawn were remedied.

Common Lodging Houses.—There are no such houses in the landward area.

Burial Grounds. — The burial grounds appear to be satisfactory.

FOOD SUPPLY

1. MILK.

Routine inspections of dairy premises were made and a satisfactory standard of maintenance and cleanliness found.

Under the Milk (Special Designations) Orders the number of producers holding licences are:—

Certified	7
Tuberculin Tested	35
Standard	2
Pasteurised	1

On nine farms the court system of dairying is in operation. All hold licences to produce Tuberculin Tested Milk.

The following table gives the number of samples taken for bacteriological examinations:—

Designation.	No. of samples examined.	No. of unsatisfactory results.	No. of producers involved in unsatisfactory results.
Certified	51	5	3
Tuberculin Tested	207	16	9
Standard	10	—	—
Pasteurised	61	1	1

Dairy Byelaws.

The registered dairy premises comply with the Byelaws.

The number of purveyors etc. are:—

(a) Retail Purveyors—

Producers	8
Others	12

(b) Producers and wholesale dealers who do not sell milk by retail	48
(c) Approximate average number of cows in registered premises	1848
(d) Approximate number of dairies exempted from registration	191
(e) Approximate number of cows in premises exempted from registration	350

2. ICE CREAM.

The following table gives the number of registered premises and vehicles, etc.:—

	Premises.	Vehicles.
(a) Number of certificates of registration in force at 1st January, 1953	23	13
(b) Number of applications for registration considered during 1953	4	4
(1) Number granted	4	4
(2) Number refused	—	—
(3) Number withdrawn by applicant	—	—
(4) Number still not disposed of at 31st December, 1953	—	—
(c) Number of certificates of registration cancelled during 1953	—	3

3. MEAT.

The two slaughterhouses in the County are in the Burghs of Haddington and North Berwick.

The following statement gives the number of animals slaughtered, etc. in each:—

HADDINGTON

Number of Animals.

Class of Animal.	Slaughtered.	Wholly Condemned.	Partially Condemned	Weight (in lbs.) of condemned meat and offals.
Cattle	1009	21	34	36,098
Sheep	5259	203	44	15,037
Pigs	750	34	43	4,426
Calves	389	8	3	692

NORTH BERWICK

Cattle	811	7	13	15,781
Sheep	3,502	28	17	3,910
Pigs	543	13	19	2,026
Calves	43	1	—	91

